



Appendix J

SITE Customer Request Form

1. Your Agency Control Number *(if needed)*:

Date:

2. Contract Number:

3. Task Order Number:

4. Requesting Agency/Office:

Organization:

Address:

5. Agency Project Officer (PO):

Name:

Phone Number:

Fax Number:

Email Address:

Alternate PO Name:

Phone Number:

E-Mail Address:

Contracting Officers Representative (COR):

Address 1:

Phone Number:

Address 2:

Fax Number:

City, State, Zip Code+4:

E-Mail Address:

6. Project Name or Brief Unclassified Description:

7. Security Clearance Required?

Yes ☐ No ☐

Agency-Specific Background Investigation? Yes ☐ No ☐

(Include a completed DD Form 254 for security clearances SECRET and above)

Security POC:

Phone Number:

E-Mail Address:

8a. Labor Union Agreements. Are there any Collective Bargaining Agreements (CBA) in place at the location work will be performed that may affect the prevailing wage rates? Yes ☐ No ☐

8b. Prior Procurement History: Contractor Name & Address: _____

Total Price:\$ _____

Suggested Task Order Type (Multiple types/hybrid order may be checked):

Firm Fixed Price: _____

Fixed Price Level of Effort: _____

Labor Hour: _____

Cost Reimbursement: _____ (Provide justification in remarks block below*)

Time and Materials: _____ (Provide justification in remarks block below*)

*T&M and CR contract types require justification in accordance with Federal Acquisition Regulations.

Remarks:

List of Attachments (Refer to SITE Checklist, Appendix L, for suggested attachments):

9. Agency Certification (*By signing this document, you are certifying that the funds are legally available for the purpose of the acquisition requested; all unique funding and procurement requirements, including statutory or regulatory requirements applicable to the funding being provided have been properly disclosed; and all internal reviews and approvals required by your agency prior to placing an order have been completed.*) *Both signatures are required unless one person is both the Project Officer and Approving Official. Then one signature is required in the Approving Official block.*

Signature of
Project Officer: _____

Signature of
Approving Official: _____

Name:	Name:
Title:	Title:
Date:	Date:

In accordance with FAR Subpart 32.702(a) and the Anti-Deficiency Act, 31 U.S.C. 1341, signing of this document shall constitute written assurance from the responsible fiscal authority of the customer agency that adequate funds are available, or shall be made available, subject to availability of funds as described in Subpart 32.703-2, to fund the resulting contract or order should an acceptable and reasonable proposal be negotiated.

Instructions for Completing SITE Customer Request Form

- Block 1 Your Agency's internal control number, if applicable.
- Block 2 To be assigned by Contracting Office
- Block 3 To be assigned by Contracting Office
- Block 4 Insert your agency's information.
- Block 5 Insert Project Officer, Alternate Project Officer and COR information.
- Block 6 Provide a project title and a short 3 or 4 sentence summary of the work.
- Block 7 Coordinate with your security office to ensure the appropriate level of investigation or clearance is obtained. Determine if the contractor can begin the tasks prior to completion of the investigation or clearance.
- Block 8 Sometimes, existing labor union agreements specify wage rates that exceed the prevailing SCA wage rate determination for certain geographical locations. If you are aware that a CBA is in place that may affect the rate to be paid (and required funding), please identify accordingly.
- Block 9 You must sign the form before the DCO can issue an order to a contractor.